13737

Stony Brook Medicine
Stony Brook, NY 11794

Universal Protocol / Time Out
Progress Note

PRE-PROCEDURE	DATE:	TIME:
PROCEDURE TO BE PERFORMED:		

Prior to the procedure, a time-out took place wherein the entire operative/procedure team agreed verbally:

• That the patient was correctly identified (patient's name and DOB are stated)	☐ Yes	
• That the correct procedure/operation is planned	☐ Yes	
• The consent form is accurate	☐ Yes	
• That the operative/procedure site is correctly marked, if applicable	☐ Yes	
• That the patient is correctly positioned for the procedure	☐ Yes	
• That the implant and/or equipment is appropriately matched to site and side	☐ Yes	☐ N/A
• On the need to administer antibiotics, medications, fluids and maximum dosages	☐ Yes	☐ N/A
• That blood products are appropriately matched to the patient	☐ Yes	☐ N/A
• That relevant images & results are properly labeled and appropriately displayed	☐ Yes	☐ N/A
• That safety precautions based on patient history or medication use are in place	☐ Yes	☐ N/A

Provider's Signature: _____ Title: _____ ID# _____

Verifier's Signature: _____ Title: _____ ID# _____

POST PROCEDURE PROCEDURE NOTE:	DATE:	TIME:

Procedure	**ALLERGIES:**
Participants	
Indications	**CENTRAL LINE INSERTION:**
Technique	☐ Full barrier protection (mask, gloves, full drape, cap, gown)
Findings/Specimens	☐ Chloraprep ☐ Application of Biopatch dressing
Complications	☐ Guidewire removed intact and discarded appropriately
Estimated Blood Loss	**Insertion Site:** ☐ Subclavian (recommended)
Post Procedure Diagnosis	☐ Jugular (recommended) ☐ Femoral
	☐ Other (specify) _____
	☐ Post-procedure chest x-ray ordered

Comments: _____

_____

_____

Signature: _____ ID#: _____ Date: _____ Time: _____

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